

<i>SERFF Tracking Number:</i>	<i>HMRK-126326338</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>HM Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43668</i>
<i>Company Tracking Number:</i>	<i>HMR-ACCP 909</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Accident Insurance</i>		
<i>Project Name/Number:</i>	<i>Continuation of Coverage Filing/HMR-ACCP 909</i>		

## Filing at a Glance

Company: HM Life Insurance Company

Product Name: Accident Insurance

TOI: H02G Group Health - Accident Only

Sub-TOI: H02G.000 Health - Accident Only

Filing Type: Form

SERFF Tr Num: HMRK-126326338 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 43668

Co Tr Num: HMR-ACCP 909

State Status: Approved-Closed

Author: Jennifer Bayich

Reviewer(s): Rosalind Minor

Date Submitted: 10/02/2009

Disposition Date: 10/06/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Continuation of Coverage Filing

Project Number: HMR-ACCP 909

Requested Filing Mode:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Exempt from filing  
in Pennsylvania.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer, Trust

Filing Status Changed: 10/06/2009

Explanation for Other Group Market Type:

State Status Changed: 10/06/2009

Deemer Date:

Created By: Jennifer Bayich

Submitted By: Jennifer Bayich

Corresponding Filing Tracking Number:

Filing Description:

The above captioned form is being filed for use policy form HMP 308-ACC 308 and HMC-ACC 308 approved by the Department on June 11, 2008- State tracking number 39219.

The rider allows for continuation of coverage upon request to age after an insured has been covered for twelve month. The consideration for continuation is payment of 105% of the premium either quarterly, semi-annually or annually in effect immediately prior to the date of termination. The continued coverage terminates at the earlier of age 70, termination of the group policy or non-payment of premium.

SERFF Tracking Number: HMRK-126326338 State: Arkansas  
Filing Company: HM Life Insurance Company State Tracking Number: 43668  
Company Tracking Number: HMR-ACCP 909  
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only  
Product Name: Accident Insurance  
Project Name/Number: Continuation of Coverage Filing/HMR-ACCP 909

Bracketed items in this filing indicate variable information; a discussion of their use follows:

[\*] Used to designate the policy number, name of the policyholder or a class designation.

{ } Used to describe an option and indicate a standard benefit if applicable; for example:

{Option, 12 months is standard ;}

{Option, used if continuation is subject to group coverage remaining in effect ;}

[ ] Used to identify a numerical range or number within a range or a phrase that may be included and/or removed in its entirety; for example:

[6] [12] [24]

[the Policy ends]

We will not agree to any variation not shown in the enclosed form, which is, to the best of our knowledge and belief, ambiguous or unclear, or inconsistent with any law or regulation of the state or federal government. We may issue certificates in a foreign language, based on a direct translation of the filed wording.

## Company and Contact

### Filing Contact Information

Jennifer Bayich, Compliance Analyst II jennifer.bayich@hminsurancegroup.com  
P.O. Box 535061 412-544-0923 [Phone]  
P6504 412-544-1138 [FAX]  
Pittsburgh, PA 15235-5061

### Filing Company Information

HM Life Insurance Company CoCode: 93440 State of Domicile: Pennsylvania  
PO Box 535065 Group Code: 812 Company Type:  
Suite P6504 Group Name: HM Insurance Group State ID Number:  
Pittsburgh, PA 15253-5065 FEIN Number: 06-1041332  
(412) 544-1139 ext. [Phone]

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## Filing Fees

*SERFF Tracking Number:*      *HMRK-126326338*      *State:*      *Arkansas*  
*Filing Company:*      *HM Life Insurance Company*      *State Tracking Number:*      *43668*  
*Company Tracking Number:*      *HMR-ACCP 909*  
*TOI:*      *H02G Group Health - Accident Only*      *Sub-TOI:*      *H02G.000 Health - Accident Only*  
*Product Name:*      *Accident Insurance*  
*Project Name/Number:*      *Continuation of Coverage Filing/HMR-ACCP 909*

*Fee Required?*      *Yes*  
*Fee Amount:*      *\$20.00*  
*Retaliatory?*      *No*  
*Fee Explanation:*      *1 form @\$20*  
*Per Company:*      *No*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
HM Life Insurance Company	\$20.00	10/02/2009	31011506

SERFF Tracking Number:	HMRK-126326338	State:	Arkansas
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TOI:	H02G Group Health - Accident Only	Sub-TOI:	H02G.000 Health - Accident Only
Product Name:	Accident Insurance		
Project Name/Number:	Continuation of Coverage Filing/HMR-ACCP 909		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/06/2009	10/06/2009

<i>SERFF Tracking Number:</i>	<i>HMRK-126326338</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>HM Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43668</i>
<i>Company Tracking Number:</i>	<i>HMR-ACCP 909</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Accident Insurance</i>		
<i>Project Name/Number:</i>	<i>Continuation of Coverage Filing/HMR-ACCP 909</i>		

## **Disposition**

Disposition Date: 10/06/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	HMRK-126326338	State:	Arkansas
Filing Company:	HM Life Insurance Company	State Tracking Number:	43668
Company Tracking Number:	HMR-ACCP 909		
TOI:	H02G Group Health - Accident Only	Sub-TOI:	H02G.000 Health - Accident Only
Product Name:	Accident Insurance		
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Submission Letter	Approved-Closed	Yes
Form	Continuation of Coverage	Approved-Closed	Yes

SERFF Tracking Number: HMRK-126326338 State: Arkansas

Filing Company: HM Life Insurance Company State Tracking Number: 43668

Company Tracking Number: HMR-ACCP 909

TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only

Product Name: Accident Insurance

Project Name/Number: Continuation of Coverage Filing/HMR-ACCP 909

## Form Schedule

### Lead Form Number: HMR-ACCP 909

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/06/2009	HMR-ACCP 909	Policy/Cont Continuation of ract/Fratern Coverage al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		45.000	HMR-ACCP 909.pdf

# HM LIFE INSURANCE COMPANY

FIFTH AVENUE PLACE, 120 FIFTH AVENUE, PITTSBURGH, PA 15222-3099  
1-800-328-5433

## CONTINUATION OF COVERAGE RIDER

To be attached to and made part of Policy [\*] issued to [\*] as Policyholder and the Certificate of Insurance evidencing coverage under such Policy. Effective \* it is hereby agreed that:

1. The **ELIGIBILITY, EFFECTIVE DATE AND TERMINATION** section is amended by the addition of the following provision:

### Continuation of Coverage

If a Covered Person's insurance terminates for any reason other than non-payment of any required premium when due or termination of the Policy, such person may elect to continue coverage under the Policy provided he has not attained age 70. To elect continued coverage, the Covered Person must:

1. Have been continuously insured for at least {Option, 12 months is standard ;} [6] [12] [24] months under the Policy and/or any plan it replaced just before the date their insurance terminates; and
2. Make the election within 31 days of termination and pay all required premiums for the continued coverage.

Continued coverage is subject to all of the provisions and limitations of the Policy. The premium rate charged for the continued coverage will be 105% of the rate charged to the Policyholder for the coverage under the Policy based on the Covered Person's age at the time he elects to continue coverage. Premiums for continued coverage will be collected from the terminated individual on a quarterly, semi-annual or annual basis, as elected by the Covered Person.

Coverage continued under this provision will end when {Option, used if continuation is subject to group coverage remaining in effect :} [the Policy ends] {Option, used if continued coverage ends at age 70 :} [,] [the date such person attains age 70] or the last period for which premium is paid {Option, included if either group coverage option or age 70 option is used :} [, whichever occurs first].

2. The provision entitled **Grace Period** contained in the **ADMINISTRATIVE PROVISIONS** section is amended by the addition of:

If a Covered Person's insurance under the Policy is being continued under Continuation of Coverage, such person will be granted an individual Grace Period of 31 days for payment of required premiums due. If the required premiums are not paid by the Covered Person during the individual Grace Period, such person's insurance will end on the last day of the individual Grace Period. A Covered Person's insurance under the Policy will remain in force during the individual Grace Period. The Covered Person is liable to us for any unpaid premium for the time their coverage under the Policy is being continued under Continuation of Coverage.

All other terms and provisions of the Policy will continue to apply.

**HM Life Insurance Company**

By



**President**



SERFF Tracking Number:	HMRK-126326338	State:	Arkansas
Filing Company:	HM Life Insurance Company	State Tracking Number:	43668
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Product Name:	Accident Insurance		
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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	10/06/2009
<b>Comments:</b>		
<b>Attachment:</b>		
Readability Certification.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Application	Approved-Closed	10/06/2009
<b>Comments:</b>		
n/a. Rider only to previously approved forms.		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Submission Letter	Approved-Closed	10/06/2009
<b>Comments:</b>		
<b>Attachment:</b>		
Submission Letter 10.1.09.pdf		

**STATE OF ARKANSAS**  
**READABILITY CERTIFICATION**

This is to certify that the following forms comply with the requirements of Ark. Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act and have achieved a Flesch Reading Ease Score of:

<u>FORM NO.</u>	<u>DESCRIPTION</u>	<u>FLESCH SCORE</u>
HMR-ACCP 909	Continuation of Coverage Rider	45

  
\_\_\_\_\_  
Signed by Company Officer

October 1, 2009  
Date

Domenic Palmieri  
Name

Senior Vice President – Finance  
Title



A HIGHMARK COMPANY

HM Life Insurance  
Company

HM Life Insurance  
Company of New York

HM Casualty  
Insurance Company

RBS Re

HM Benefits  
Administrators

October 1, 2009

Arkansas Department of Insurance  
120 West 3<sup>rd</sup> Street  
Little Rock, AR 72201

Re: HM Life Insurance Company  
NAIC 93440  
FEIN 06-1041332

### Form Filing

Continuation of Coverage Rider

HMR-ACCP 909

Dear Sir or Madam:

The above captioned form is being filed for use policy form HMP 308-ACC 308 and HMC-ACC 308 approved by the Department on June 11, 2008.

The rider allows for continuation of coverage upon request to age after an insured has been covered for twelve month. The consideration for continuation is payment of 105% of the premium either quarterly, semi-annually or annually in effect immediately prior to the date of termination. The continued coverage terminates at the earlier of age 70, termination of the group policy or non-payment of premium.

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[6] [12] [24]

[the Policy ends]

#### Mailing Address

PO Box 535061  
Pittsburgh, PA 15253-5061

#### Overnight Deliveries

Fifth Avenue Place  
120 Fifth Avenue  
Pittsburgh, PA 15222-3099

www.hminsurancegroup.com

#### Telephone

412-544-1000  
800-328-5433

We will not agree to any variation not shown in the enclosed form, which is, to the best of our knowledge and belief, ambiguous or unclear, or inconsistent with any law or regulation of the state or federal government. We may issue certificates in a foreign language, based on a direct translation of the filed wording.

If you have any questions, please contact me at the left-side address, or if you prefer at either my direct dial of 412-544-0923; or via email at [jennifer.bayich@hminsurancegroup.com](mailto:jennifer.bayich@hminsurancegroup.com).



A HIGHMARK COMPANY

HM Life Insurance  
Company

HM Life Insurance  
Company of New York

HM Casualty  
Insurance Company

RBS Re

HM Benefits  
Administrators

Thank you in advance for your immediate attention to this filing.

Sincerely,  
*Jennifer L. Bayich, Esq*  
Compliance Analyst III

***Attachments***

**Mailing Address**

PO Box 535061  
Pittsburgh, PA 15253-5061

**Overnight Deliveries**

Fifth Avenue Place  
120 Fifth Avenue  
Pittsburgh, PA 15222-3099

[www.hminsurancgroup.com](http://www.hminsurancgroup.com)

**Telephone**

412-544-1000  
800-328-5433

Coverage is underwritten by HM Life Insurance Company or HM Casualty Insurance Company, Pittsburgh, PA in all states except New York. In New York, coverage is underwritten by HM Life Insurance Company of New York, New York, NY. HM Life Insurance Company, HM Benefits Administrators and RBS Re provide certain administrative and customer support services. The coverage or service requested may not be available in all states.

